

DOCKET NO. 29505/PF02246NA

**MOTOROLA****FAX TRANSMITTAL SHEET****RECEIVED**
CENTRAL FAX CENTER**DEC 12 2005**

Motorola, Inc.
Intellectual Property Section
Law Department
600 North U.S. Highway 45
AS437
Libertyville, Illinois 60048

Telephone: (847) 523-2322
Facsimile: (847) 523-2350

19

Number of Pages (including this page)

Date: December 12, 2005

To: Examiner Angelica Perez – Art Group 2684

Location: United States Patent and Trademark Office

Fax No.: (571) 273-8300

From: Hisashi David Watanabe - 37,465

Subject: 10/034,409– Bethards, Charles W., et al. Confirmation No.: 1134

NOTICE: This facsimile transmission may contain information that is confidential, privileged, or exempt from disclosure under applicable law. It is intended only for the person to whom it is addressed. Unauthorized use, disclosure, copying or distribution may expose you to legal liability. If you have received this transmission in error, please immediately notify us by telephone (collect) to arrange for return of the documents received and any copies made. Thank you.

MESSAGE:

Enclosed herewith, please find AMENDMENT and associated papers, if any, for filing in the below-identified application.

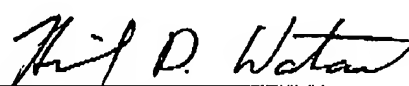
PLEASE GIVE THESE PAPERS TO:

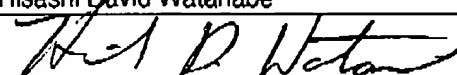
EXAMINER:
GROUP ART UNIT:
SERIAL NO.:
FILED:
INVENTOR:

Perez, Angelica
2684
10/034,409
DECEMBER 27, 2001
BETHARDS, CHARLES W., ET AL.

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/034,409	
	Filing Date	December 27, 2001	
	First Named Inventor	Bethards, Charles W., et al.	
	Group Art Unit	2684	
	Examiner Name	Perez, Angelica	
Total Number of Pages in this Submission	Attorney Docket Number	29505/PF02246NA	


ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-Related papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CDs _____	<input type="checkbox"/> Alter Allowance Communication to a Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter with appropriate copies <input type="checkbox"/> Other Enclosure(s) (please identify below)
Remarks X Facsimile Transmittal		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual	Hisashi David Watanabe	Registration No.	37,465
Signature			
Date	December 12, 2005		

CERTIFICATE OF TRANSMISSION			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO to facsimile number (571) 273-8300 on the date listed below:			
Typed or printed name	Hisashi David Watanabe		
Signature		Date	December 12, 2005

RECEIVED
CENTRAL FAX CENTER

DEC 12 2005

FEE TRANSMITTAL						Complete if Known																																																							
Patent fees are subject to annual revision						Application Number																																																							
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27						Filing Date																																																							
TOTAL AMOUNT OF PAYMENT (\$) 120.00						First Named Inventor																																																							
METHOD OF PAYMENT (check all that apply)						Examiner Name																																																							
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None						Group Art Unit																																																							
FEE CALCULATION (continued)						Attorney Docket No.																																																							
4. ADDITIONAL FEES																																																													
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number 502117 Deposit Account Name Motorola, Inc. The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Charge fees(s) indicated below, except for the filing fee to the above-identified deposit account.																																																													
FEE CALCULATION																																																													
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																																																													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Application Type</th> <th colspan="2">FILING FEES</th> <th colspan="2">SEARCH FEES</th> <th colspan="2">EXAMINATION FEES</th> <th rowspan="2">Fee Paid (\$)</th> </tr> <tr> <th>Large Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Large Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Large Fee (\$)</th> <th>Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>Utility</td> <td>300</td> <td>150</td> <td>500</td> <td>250</td> <td>200</td> <td>100</td> <td></td> </tr> <tr> <td>Design</td> <td>200</td> <td>100</td> <td>100</td> <td>50</td> <td>130</td> <td>65</td> <td></td> </tr> <tr> <td>Plant</td> <td>200</td> <td>100</td> <td>300</td> <td>150</td> <td>160</td> <td>80</td> <td></td> </tr> <tr> <td>Reissue</td> <td>300</td> <td>150</td> <td>500</td> <td>250</td> <td>600</td> <td>300</td> <td></td> </tr> <tr> <td>Provisional</td> <td>200</td> <td>100</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td></td> </tr> </tbody> </table>						Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)	Large Fee (\$)	Small Entity Fee (\$)	Large Fee (\$)	Small Entity Fee (\$)	Large Fee (\$)	Small Entity Fee (\$)	Utility	300	150	500	250	200	100		Design	200	100	100	50	130	65		Plant	200	100	300	150	160	80		Reissue	300	150	500	250	600	300		Provisional	200	100	0	0	0	0			
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)																																																						
	Large Fee (\$)	Small Entity Fee (\$)	Large Fee (\$)	Small Entity Fee (\$)	Large Fee (\$)	Small Entity Fee (\$)																																																							
Utility	300	150	500	250	200	100																																																							
Design	200	100	100	50	130	65																																																							
Plant	200	100	300	150	160	80																																																							
Reissue	300	150	500	250	600	300																																																							
Provisional	200	100	0	0	0	0																																																							
2. EXTRA CLAIM FEES																																																													
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent: 50 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent: 200 Multiple Dependent Claims: 350																																																													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> <th>Multiple Dependent Claims</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> </thead> <tbody> <tr> <td>- 20 or HP =</td> <td></td> <td>x 50 =</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>HP = highest number of total claims paid for, if greater than 3</td> <td></td> <td></td> <td></td> <td></td> <td>350</td> <td>0</td> </tr> </tbody> </table>						Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)	- 20 or HP =		x 50 =					HP = highest number of total claims paid for, if greater than 3					350	0																																			
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)																																																							
- 20 or HP =		x 50 =																																																											
HP = highest number of total claims paid for, if greater than 3					350	0																																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Indep. Claims</th> <th>Extra Claims</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> </thead> <tbody> <tr> <td>- 3 or HP =</td> <td></td> <td>x 200 =</td> <td>0</td> </tr> </tbody> </table>						Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	- 3 or HP =		x 200 =	0																																																
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)																																																										
- 3 or HP =		x 200 =	0																																																										
3. APPLICATION SIZE FEE																																																													
If the specification and drawings exceed 100 sheets of paper, the application size fee is \$250 (\$125 for small entity) For each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.18(s).																																																													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Total Sheets</th> <th>Extra Sheets</th> <th>Number of each additional 50 or fraction thereof</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> </thead> <tbody> <tr> <td>- 100 =</td> <td></td> <td>/50 = (round up to a whole number)</td> <td>x 250 =</td> <td>0</td> </tr> </tbody> </table>						Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)	- 100 =		/50 = (round up to a whole number)	x 250 =	0																																														
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)																																																									
- 100 =		/50 = (round up to a whole number)	x 250 =	0																																																									
5. OTHER FEE(S) (specify)																																																													
Non-English Specification, \$130 fee (no small entity discount)																																																													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Fee Paid (\$)</th> <th>120.00</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table>						Fee Paid (\$)	120.00																																																						
Fee Paid (\$)	120.00																																																												
SUBMITTED BY																																																													
Name (Print/Type) Hisashi David Watanabe						Registration No. 37,465																																																							
Signature 						Telephone (847)523-2322																																																							
Date December 12, 2005																																																													